

Blood-Stream Infection (CDC)

From: Joan Webster [Joan_Webster@health.qld.gov.au]
Sent: Wednesday, November 25, 2009 12:09 AM
To: Blood-Stream Infection (CDC)
Subject: CDC IV guideline review
Attachments: Drip trial.pdf; Drip paper.pdf

Dear Review Team,

Thank you for the opportunity to comment on the draft 'Guidelines for the Prevention of Intravascular Catheter-Related Infections'.

I wish to draw attention to the studies chosen to support your recommendation for "Replacement of Peripheral Catheters" and suggest alternative, higher level evidence.

- Reference 81 refers to steel needles in extremely compromised high-risk patients - these findings cannot be generalised and steel needles are no longer used in acute med/surg care. The study is almost 30 years old.
- Reference 255 refers to administration sets, not catheters and again, the reference is very old.
- Reference 256 is a letter to the editor, not a research study, so does not constitute 'evidence' at all.
- Reference 257 is a prospective cohort study (data collected in 1992), not a comparative study. It showed that cannulas remaining in situ longer than 96 hours had a substantially higher phlebitis rate than those in situ for less than 96 hours. However, this was based on only 32 catheters and, as the author admitted, these longer stay patients may have been at higher risk of infection than those who had their catheter removed earlier. She further commented that, without randomisation, a potential for bias exists.
- I have attached reports of two randomised controlled trials which show that phlebitis rates are similar, whether catheters are replaced routinely or left in place until there are clinical indications for removal. The papers also contain references to other prospective observational studies that indicate longer dwell times may be safe.
- We have also just completed a very large, multi site RCT (3,300 participants) which shows similar results.
- We will also be publishing a Cochrane Systematic review early in the new year, which will contain results of all RCTs, published and unpublished that have compared routine changes with clinically indicated changes. This will constitute the highest level of evidence for scheduling catheter replacement. It would be useful for clinicians to have consistency between recommendations from the review and the CDC Guidelines. If you wish, I will seek permission from the Cochrane Peripheral Vascular Diseases group to release findings from the review to you before they are published.

Regards

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